

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10/800 740</i>	FILING DATE
						CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
IND	EXP	IND	EXP	IND	EXP	IND	EXP
1				1			
2	1			1			
3	1	7		1			
4	1			1			
5	2						
6	2						
7	2						
8	2						
9	2						
10	2						
11	2						
12	2						
13	2						
14	2						
15		1		1			
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50							
TOTAL IND.	22	3	1	3			
TOTAL EXP.	2	20	1	20			
TOTAL CLAIMS	24	23	23	23			